## Case 18-09185 Doc 1 Filed 03/29/18 Entered 03/29/18 13:30:21 Desc Main Document Page 1 of 52

| Fill in this information to identify your case: |                               |                                 |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                               |                                 |
| NORTHERN DISTRICT OF ILLINOIS                   | _                             |                                 |
| Case number (if known)                          | Chapter you are filing under: |                                 |
|   | Chapter 7                     |                                 |
|   | ☐ Chapter 11                  |                                 |
|   | ☐ Chapter 12                  |                                 |
|   | ☐ Chapter 13                  | Check if this an amended filing |

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par                                 | t 1: Identify Yourself  |  |   |
|-------------------------------------|---|--|---|
|                                     |   | About Debtor 1:                                  | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.                                  | Your full name  |  |   |
| yc<br>pid<br>ex<br>lic<br>Br<br>idd | Write the name that is on your government-issued picture identification (for example, your driver's               | Isamar<br>First name                             | First name                                    |
|                                     | license or passport).  Bring your picture identification to your meeting with the trustee.                        | Middle name                                      | Middle name                                   |
|                                     |   | Lechuga Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |
| 2.                                  | All other names you have used in the last 8 years   |  |   |
|                                     | Include your married or maiden names.   |  |   |
| 3.                                  | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-3099                                      |   |

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Debtor 1 Isamar Lechuga

| 4. Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |  |  |  |
|--|---|---|--|--|--|--|
|  |   | ■ I have not used any business name or EINs.  | ☐ I have not used any business name or EINs.   |  |  |  |
|  | Include trade names and doing business as names | Business name(s)  | Business name(s)   |  |  |  |
|  |   | EINs  | EINs   |  |  |  |
| 5.   | Where you live                                  |   | If Debtor 2 lives at a different address:  |  |  |  |
|  |   | 353 Vinings Drive Bloomingdale, IL 60108  Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code   |  |  |  |
|  |   | <b>DuPage</b> County  | County   |  |  |  |
|  |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |  |  |  |
|  |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |  |  |  |
| 6.   | Why you are choosing this district to file for  | Check one:  | Check one:   |  |  |  |
|  | bankruptcy                                      | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |  |  |  |
|  |   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |  |  |  |
|  |   |   |  |  |  |  |

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Document Debtor 1 Isamar Lechuga

| Par  | Tell the Court About  | Your B     | Bankruptcy Ca        | ise                                     |  |  |                     |
|--|---|------------|----------------------|---|--|--|---------------------|
| 7.   | The chapter of the Bankruptcy Code you are  |            |                      |   | of each, see <i>Notice Required by</i> page 1 and check the appropriat | 11 U.S.C. § 342(b) for Individuals Filing e box.   | for Bankruptcy      |
|  | choosing to file under  | <b>■</b> C | hapter 7             |   |  |  |                     |
|  |   | □с         | hapter 11            |   |  |  |                     |
|  |   | □с         | hapter 12            |   |  |  |                     |
|  |   | _          | hapter 13            |   |  |  |                     |
|  |   |            | •                    |   |  |  |                     |
| 8.   | How you will pay the fee  |            | about how yo         | ou may pay. Typi<br>attorney is subn    | cally, if you are paying the fee yo                                    | k with the clerk's office in your local cou<br>burself, you may pay with cash, cashier's<br>alf, your attorney may pay with a credit o     | s check, or money   |
|  |   |            |                      |   | allments. If you choose this options (Official Form 103A).             | on, sign and attach the Application for In   | dividuals to Pay    |
|  |   |            | I request tha        | it my fee be wai                        | ived (You may request this optio                                       | n only if you are filing for Chapter 7. By l   |                     |
|  |   |            | applies to you       | ur family size an                       | d you are unable to pay the fee is                                     | our income is less than 150% of the offici<br>in installments). If you choose this option,<br>cial Form 103B) and file it with your petiti | , you must fill out |
| 9. Have you filed for some No. bankruptcy within the |   |            |                      |   |  |  |                     |
|  | last 8 years?   | □ Ye       |                      |   | \Mb a.a  | Coop overhous  |                     |
|  |   |            | District             |   | When<br>When   |  |                     |
|  |   |            | District<br>District |   | when<br>When   | Case number Case number  |                     |
|  |   |            | DISTRICT             |   | wilen  | Case number  |                     |
| 10.  | Are any bankruptcy cases pending or being   | ■ No       | 0                    |   |  |  |                     |
|  | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | □ Ye       | es.                  |   |  |  |                     |
|  |   |            | Debtor               |   |  | Relationship to you  |                     |
|  |   |            | District             |   | When   | Case number, if known  |                     |
|  |   |            | Debtor               |   |  | Relationship to you  |                     |
|  |   |            | District             |   | When   | Case number, if known  |                     |
| 11.  | Do you rent your residence?   |            | o. Go to I           | ine 12.                                 |  |  |                     |
|  | residence?  | ■ Ye       | es. Has yo           | our landlord obta                       | ined an eviction judgment agains                                       | st you?  |                     |
|  |   |            | •                    | No. Go to line 1                        | 2.   |  |                     |
|  |   |            |                      | Yes. Fill out Initional bankruptcy peti |  | Judgment Against You (Form 101A) and   | I file it with this |
|  |   |            |                      |   |  |  |                     |

| Debtor 1 | Isamar Lechuga | Document | Page 4 of 52  Case number (if known) |  |
|----------|----------------|----------|--------------------------------------|--|
|          |                |          |                                      |  |

| ar  | Report About Any Bu   | sinesses               | You Own                                   | as a Sole Proprietor   |  |  |  |  |
|---|---|------------------------|---|--|--|--|--|--|
| 12.   | Are you a sole proprietor of any full- or part-time business?   | ■ No.                  | Go to                                     | Part 4.  |  |  |  |  |
|   |   | ☐ Yes.                 | Name                                      | e and location of business   |  |  |  |  |
|   | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |                        | Name                                      | e of business, if any  |  |  |  |  |
|   | If you have more than one sole proprietorship, use a separate sheet and attach  |                        | Numb                                      | per, Street, City, State & ZIP Code  |  |  |  |  |
|   | it to this petition.  |                        | Checi                                     | k the appropriate box to describe your business:   |  |  |  |  |
|   |   |                        |   | Health Care Business (as defined in 11 U.S.C. § 101(27A))  |  |  |  |  |
|   |   |                        |   | Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  |  |  |  |  |
|   |   |                        |   | Stockbroker (as defined in 11 U.S.C. § 101(53A))   |  |  |  |  |
|   |   |                        |   | Commodity Broker (as defined in 11 U.S.C. § 101(6))  |  |  |  |  |
|   |   |                        |   | None of the above  |  |  |  |  |
| 13. Are you filing under Chapter 11 of the Bankruptcy Code and you a small business debtor? |   | deadline:<br>operation | s. If you in<br>is, cash-fl<br>s.C. 1116( |  |  |  |  |  |
|   | For a definition of small   | No.                    | ı am r                                    | not filing under Chapter 11.   |  |  |  |  |
|   | business debtor, see 11 U.S.C. § 101(51D).  | □ No.                  |   | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. |  |  |  |  |
|   |   | ☐ Yes.                 | I am f                                    | iling under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.            |  |  |  |  |
| ar  | 4: Report if You Own or   | Have Any               | Hazardo                                   | ous Property or Any Property That Needs Immediate Attention  |  |  |  |  |
| 14.   | Do you own or have any  | ■ No.                  |   |  |  |  |  |  |
|   | property that poses or is<br>alleged to pose a threat<br>of imminent and<br>identifiable hazard to  | Yes.                   | What is                                   | the hazard?  |  |  |  |  |
|   | public health or safety? Or do you own any property that needs immediate attention?   |                        |   | diate attention is why is it needed?   |  |  |  |  |
|   | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   |                        | Where is                                  | s the property?  |  |  |  |  |
|   |   |                        |   | Number, Street, City, State & Zip Code   |  |  |  |  |

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Debtor 1 Isamar Lechuga

Case number (if known)

Part 5:

**Explain Your Efforts to Receive a Briefing About Credit Counseling** 

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Document Page 6 of 52 Case number (if known) Debtor 1 Isamar Lechuga Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an you have? individual primarily for a personal, family, or household purpose." ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50.000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 ☐ More than \$50 billion □ \$100,000,001 - \$500 million □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Isamar Lechuga Signature of Debtor 2 Isamar Lechuga Signature of Debtor 1 Executed on March 26, 2018 Executed on

MM / DD / YYYY

MM / DD / YYYY

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Debtor 1 Isamar Lechuga Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Joseph P. Doyle                                    | Date          | March 26, 2018     |
|--|---------------|--------------------|
| Signature of Attorney for Debtor                       |               | MM / DD / YYYY     |
| Joseph P. Doyle 6277393 Printed name                   |               |                    |
| Law Office of Joseph P. Doyle LLC                      |               |                    |
| 105 S. Roselle Road, Suite 203<br>Schaumburg, IL 60193 |               |                    |
| Number, Street, City, State & ZIP Code                 |               |                    |
| Contact phone <b>847-985-1100</b>                      | Email address | joe@fightbills.com |
| 6277393 IL   |               |                    |
| Bar number & State                                     |               |                    |

|                     |                         | Docum             | ent Page 8 of 5 | 12 |                       |
|---------------------|-------------------------|-------------------|-----------------|----|-----------------------|
| Fill in this inform | nation to identify your | case:             |                 |    |                       |
| Debtor 1            | Isamar Lechuga          |                   |                 |    |                       |
|                     | First Name              | Middle Name       | Last Name       |    |                       |
| Debtor 2            |                         |                   |                 |    |                       |
| (Spouse if, filing) | First Name              | Middle Name       | Last Name       |    |                       |
| United States Ba    | nkruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS     |    |                       |
| Case number         |                         |                   |                 |    | ☐ Check if this is an |
|                     |                         |                   |                 |    | amended filing        |

### Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

|     |  | Your as      | ssets<br>f what you own |
|-----|--|--------------|-------------------------|
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$           | 0.00                    |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$           | 13,009.83               |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$           | 13,009.83               |
| Par | t 2: Summarize Your Liabilities  |              |                         |
|     |  | Your lia     | abilities<br>you owe    |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$           | 0.00                    |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$           | 0.00                    |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$           | 52,851.00               |
|     | Your total liabilities   | \$           | 52,851.00               |
| Par | t 3: Summarize Your Income and Expenses  |              |                         |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$           | 3,011.00                |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$           | 2,921.00                |
| Par | t 4: Answer These Questions for Administrative and Statistical Records   |              |                         |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ır other sch | edules.                 |
|     | ■ Yes  |              |                         |

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

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From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

4,020.84

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Port A on Colonials E/E converte followings   | Total cla | im       |
|--|-----------|----------|
| From Part 4 on Schedule E/F, copy the following:   |           |          |
| 9a. Domestic support obligations (Copy line 6a.)   | \$        | 0.00     |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$        | 0.00     |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$        | 0.00     |
| 9d. Student loans. (Copy line 6f.)   | \$        | 2,345.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$        | 0.00     |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$       | 0.00     |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$        | 2,345.00 |

|  |   | Document   | Page 10 of 52  |  |  |
|--|---|--|--|--|--|
| Fill in this infor                     | mation to identify your case a                                      | nd this filing:  |  |  |  |
| Debtor 1                               | Isamar Lechuga  |  |  |  |  |
|  | First Name  | Middle Name  | Last Name  |  |  |
| Debtor 2<br>(Spouse, if filing)        | First Name  | Middle Name  | Last Name  |  |  |
|  | ankruptov Court for the: NOD  | THERN DISTRICT OF ILL  |  |  |  |
| Jilleu States De                       | ankruptcy Court for the: NOR  | THERN DISTRICT OF IEE  |  |  |  |
| Case number                            |   |  | _  |  | ☐ Check if this is an                                    |
|  |   |  |  |  | amended filing   |
| <b>`</b> α: -: - Ι ⊏ -                 |   |  |  |  |  |
|  | orm 106A/B  |  |  |  |  |
|  | le A/B: Property  |  |  |  | 12/15  |
| think it fits best. Enformation. If mo |   | ossible. If two married peop<br>rate sheet to this form. On th | le are filing together, both a<br>ne top of any additional pag | re equally responsible for su                        | pplying correct  |
| Part 1: Describe                       | Each Residence, Building, Land,                                     | or Other Real Estate You O                                     | wn or Have an Interest In                                      |  |  |
| 1. Do you own or                       | have any legal or equitable intere                                  | st in any residence, building                                  | , land, or similar property?                                   |  |  |
| ■ No. Go to Pa                         | rt 2  |  |  |  |  |
| ☐ Yes. Where                           |   |  |  |  |  |
|  | ie alle property :  |  |  |  |  |
| Part 2: Describe                       | Your Vehicles   |  |  |  |  |
| □ No ■ Yes                             | rucks, tractors, sport utility ve                                   | ,  |  |  |  |
| 3.1 Make:                              | Hyundai   | Who has an interest in the                                     | ne property? Check one   | Do not deduct secured of the amount of any secure    | aims or exemptions. Put ed claims on <i>Schedule D</i> : |
| Model:                                 | Tiburon   | Debtor 1 only  |  | Creditors Who Have Cla                               |  |
| -                                      | 2008  | Debtor 2 only  |  | Current value of the                                 | Current value of the                                     |
| Approxima Other infor                  | te mileage: 106000  | ☐ Debtor 1 and Debtor 2 ☐ At least one of the deb              |  | entire property?                                     | portion you own?   |
|  | Full - Full Coverage  | At least one of the deb  | tors and another   |  |  |
| Auto Ins                               |   | Check if this is comm (see instructions)                       | nunity property  | \$2,239.00   | \$2,239.00   |
| 3.2 Make:                              | Subaru  | Who has an interest in the                                     | ne property? Chack and   | Do not deduct secured cl                             | aims or exemptions. Put                                  |
| Model:                                 | Forester  | Debtor 1 only  | To property: Officer office                                    | the amount of any secure<br>Creditors Who Have Class | ed claims on Schedule D:<br>ims Secured by Property.     |
| -                                      | 2000  | Debtor 2 only  |  | Current value of the                                 | Current value of the                                     |
| Approxima                              | te mileage: <b>157000</b>   | Debtor 1 and Debtor 2  | only   | entire property?                                     | portion you own?   |
| Other infor                            |   | At least one of the deb  | tors and another   |  |  |
| Paid In<br>Auto Ins                    | Full - Full Coverage surance  | Check if this is comn (see instructions)                       | nunity property  | \$650.00   | \$650.00   |
| Examples: Boa                          | ircraft, motor homes, ATVs ar<br>ats, trailers, motors, personal wa |  |  |  |  |
| ■ No                                   |   |  |  |  |  |
| ☐ Yes                                  |   |  |  |  |  |

Official Form 106A/B Schedule A/B: Property page 1

|                           | Case 18-0  | 0195        | Doc 1         | Filed 03/29/18                                | Entered 03/29/18 13:3                         | 20·21 Do          | sc Main   |
|---------------------------|--|-------------|---------------|---|---|-------------------|---|
| Debtor 1                  |  |             | DOC 1         | Document                                      | Page 11 of 52 Case number                     |                   | sc main   |
| Debiori                   | Isamar Lechu   | iga         |               |   |   | (II KIIOWII)      |   |
|                           |  |             |               |   | rom Part 2, including any entries f           |                   | \$2,889.00  |
| Part 3: De                | escribe Your Person  | al and Ho   | usehold Items | •   |   |                   |   |
|                           |  |             |               | est in any of the follov                      | ving items?                                   |                   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| <i>Examp</i><br>□ No<br>□ | nold goods and fu<br>bles: Major applianc                      |             |               | nina, kitchenware                             |   |                   |   |
| . 66.                     |  |             |               | ed household goods<br>, 1 Kitchen Table w     | s and furnishings: 1 Dresser,<br>ith 4 chairs | ]                 | \$400.00  |
| ′                         | oles: Televisions an   |             |               | stereo, and digital equi<br>ia players, games | pment; computers, printers, scanner           | s; music collecti | ons; electronic devices   |
| □ No<br>■ Yes.            | . Describe   |             |               |   |   |                   |   |
|                           | [  | TVs and     | d computer    | s: 1 TV's, 1 laptop,                          | 1 printer                                     | ]                 | \$275.00  |
| Examp<br>□ No             | ibles of value<br>bles: Antiques and fi<br>other collection    |             |               |   | oks, pictures, or other art objects; sta      | amp, coin, or ba  | seball card collections;  |
|                           | ]  | Books,      | Pictures, a   | nd CD's                                       |   | ]                 | \$80.00   |
| Examp<br>■ No             | nent for sports and<br>oles: Sports, photog<br>musical instrur | ıraphic, ex |               | other hobby equipment;                        | bicycles, pool tables, golf clubs, skis       | ; canoes and ka   | ayaks; carpentry tools;   |
| ■ No                      |  | shotguns    | ammunition    | a, and related equipmer                       | ıt  |                   |   |
| ☐ No                      |  | thes, furs, | leather coats | s, designer wear, shoes                       | s, accessories                                |                   |   |
|                           |  | Wearing     | g Apparel     |   |   | ]                 | \$1,100.00  |
|                           | -  |             |               |   |   | •                 |   |

Yes. Describe.....

☐ No

12. **Jewelry** *Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

Miscellaneous Costume Jewelry

\$600.00

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Case number (if known) Document Debtor 1 Isamar Lechuga 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list  $\square$  Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$2,455.00 for Part 3. Write that number here ..... Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No Cash on Hand \$50.00 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: ■ Yes..... \$1.000.00 **Checking account with Chase Bank** 17.1. \$100.00 Checking account with BMO Harris 17.2. 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No ☐ Yes..... Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans Yes. List each account separately. Type of account: Institution name:

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Document Debtor 1 Isamar Lechuga

|     | 401(k) / Retirement plan through employer -<br>100% exempt.  | \$6,515.83  |
|-----|--|---|
| 22. | <ul> <li>Security deposits and prepayments         Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companied     </li> <li>No</li> </ul> | es, or others   |
|     | Yes Institution name or individual:  |   |
|     | Security Deposit with Landlord is \$88.00  | \$0.00  |
| 23. | . <b>Annuities</b> (A contract for a periodic payment of money to you, either for life or for a number of years)  No   |   |
|     | Yes Issuer name and description.   |   |
| 24. | Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition prog 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).  | ram.  |
|     | Yes Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):   |   |
| 25. | . Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exerc ■ No  | cisable for your benefit  |
|     | ☐ Yes. Give specific information about them  |   |
| 26  | <ul> <li>Patents, copyrights, trademarks, trade secrets, and other intellectual property         Examples: Internet domain names, websites, proceeds from royalties and licensing agreements     </li> <li>No</li> </ul>   |   |
|     | ☐ Yes. Give specific information about them  |   |
| 27. | <ul> <li>Licenses, franchises, and other general intangibles</li> <li>Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses</li> <li>No</li> </ul>  | 3   |
|     | ☐ Yes. Give specific information about them  |   |
| M   | oney or property owed to you?  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28  | . Tax refunds owed to you  |   |
|     | ■ No   |   |
|     | ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years   |   |
| 29. | <ul> <li>Family support         Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property s         ■ No     </li> </ul>   | ettlement   |
|     | ☐ Yes. Give specific information   |   |
| 30. | Other amounts someone owes you  Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compense benefits; unpaid loans you made to someone else  | sation, Social Security   |
|     | ■ No □ Yes. Give specific information  |   |
| 31. | . Interests in insurance policies  Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance.  In No   | e   |
|     | Yes. Name the insurance company of each policy and list its value.   |   |
|     | Company name: Beneficiary:   | Surrender or refund   |

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value:

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Case number (if known)

Document Debtor 1 Isamar Lechuga

Term Life Insurance policy through

employer - (No cash surrender value)

| <ul> <li>32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to recommend someone has died. ■ No □ Yes. Give specific information</li> </ul> | eive property because |
|---|-----------------------|
| 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue   |                       |
| ■ No □ Yes. Describe each claim   |                       |
| 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to No  | o set off claims      |
| ☐ Yes. Describe each claim  |                       |
| 35. Any financial assets you did not already list  ■ No   |                       |
| ☐ Yes. Give specific information  |                       |
| 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here   | \$7,665.83            |
| Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.  |                       |
| 37. Do you own or have any legal or equitable interest in any business-related property?  |                       |
| No. Go to Part 6.   |                       |
| Yes. Go to line 38.   |                       |
| Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.   |                       |
| 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? ■ No. Go to Part 7.   |                       |
| ☐ Yes. Go to line 47.   |                       |
| Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above  |                       |
| 53. Do you have other property of any kind you did not already list?  Examples: Season tickets, country club membership   |                       |
| ■ No □ Yes. Give specific information   |                       |
| 54. Add the dollar value of all of your entries from Part 7. Write that number here   | \$0.00                |

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\$0.00

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Document Debtor 1 Isamar Lechuga

| Part | 8: List the Totals of Each Part of this Form                 |             |                              |             |
|------|--|-------------|------------------------------|-------------|
| 55.  | Part 1: Total real estate, line 2                            |             |                              | \$0.00      |
| 56.  | Part 2: Total vehicles, line 5                               | \$2,889.00  |                              |             |
| 57.  | Part 3: Total personal and household items, line 15          | \$2,455.00  |                              |             |
| 58.  | Part 4: Total financial assets, line 36                      | \$7,665.83  |                              |             |
| 59.  | Part 5: Total business-related property, line 45             | \$0.00      |                              |             |
| 60.  | Part 6: Total farm- and fishing-related property, line 52    | \$0.00      |                              |             |
| 61.  | Part 7: Total other property not listed, line 54 +           | \$0.00      |                              |             |
| 62.  | Total personal property. Add lines 56 through 61             | \$13,009.83 | Copy personal property total | \$13,009.83 |
| 63.  | Total of all property on Schedule A/B. Add line 55 + line 62 |             |                              | \$13,009.83 |

Official Form 106A/B Schedule A/B: Property page 6

| Fill in this infor                      | mation to identify your | case:                         |           |                       |
|---|-------------------------|-------------------------------|-----------|-----------------------|
| Debtor 1                                | Isamar Lechuga          |                               |           |                       |
|   | First Name              | Middle Name                   | Last Name |                       |
| Debtor 2                                |                         |                               |           |                       |
| (Spouse if, filing)                     | First Name              | Middle Name                   | Last Name |                       |
| United States Bankruptcy Court for the: |                         | NORTHERN DISTRICT OF ILLINOIS |           |                       |
| Case number (if known)                  |                         |                               |           | ☐ Check if this is an |
|   |                         |                               |           | amended filing        |

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own | ,   |   | Specific laws that allow exemption |
|--|--------------------------------------|-----|---|------------------------------------|
|  | Copy the value from<br>Schedule A/B  | Che | eck only one box for each exemption.                            |                                    |
| 2008 Hyundai Tiburon 106000 miles<br>Paid in Full - Full Coverage Auto                 | \$2,239.00                           | •   | \$2,400.00  | 735 ILCS 5/12-1001(c)              |
| Insurance Line from Schedule A/B: 3.1  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| 2000 Subaru Forester 157000 miles<br>Paid In Full - Full Coverage Auto                 | \$650.00                             |     | \$650.00  | 735 ILCS 5/12-1001(b)              |
| Insurance Line from Schedule A/B: 3.2  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Miscellaneous used household goods and furnishings: 1 Dresser, 1                       | \$400.00                             |     | \$400.00  | 735 ILCS 5/12-1001(b)              |
| Sectional Couch, 1 Kitchen Table with 4 chairs Line from Schedule A/B: 6.1             |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| TVs and computers: 1 TV's, 1 laptop, 1 printer   | \$275.00                             |     | \$275.00  | 735 ILCS 5/12-1001(b)              |
| Line from Schedule A/B: 7.1  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Books, Pictures, and CD's  | \$80.00                              |     | \$80.00   | 735 ILCS 5/12-1001(b)              |
| Line Ironi Schedule AVB. 0.1   |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |

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| De | isamai Lechuya   |                                      |         |   |                                    |  |
|----|--|--------------------------------------|---------|---|------------------------------------|--|
|    | Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own | Am      | ount of the exemption you claim                                 | Specific laws that allow exemption |  |
|    |  | Copy the value from<br>Schedule A/B  | Che     | eck only one box for each exemption.                            |                                    |  |
|    | Wearing Apparel Line from Schedule A/B: 11.1   | \$1,100.00                           |         | \$1,100.00  | 735 ILCS 5/12-1001(a)              |  |
|    | Line nom ochequie Adb. TTT   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |  |
|    | Miscellaneous Costume Jewelry Line from Schedule A/B: 12.1                             | \$600.00                             |         | \$600.00  | 735 ILCS 5/12-1001(b)              |  |
|    | Line nom Schedule PVD. 12.1  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |  |
|    | Cash on Hand Line from Schedule A/B: 16.1  | \$50.00                              |         | \$50.00   | 735 ILCS 5/12-1001(b)              |  |
|    | Line Ironi Schedule AVB. 10.1  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |  |
|    | Checking account with Chase Bank Line from Schedule A/B: 17.1                          | \$1,000.00                           |         | \$1,000.00  | 735 ILCS 5/12-1001(b)              |  |
|    | Line IIIIII Schedule PVD. 17.1   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |  |
|    | Checking account with BMO Harris Line from Schedule A/B: 17.2                          | \$100.00                             |         | \$100.00  | 735 ILCS 5/12-1001(b)              |  |
|    | Ellie IIolii Genedale Adb. 1112  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |  |
|    | 401(k) / Retirement plan through employer - 100% exempt.                               | \$6,515.83                           | •       | 100%  | 735 ILCS 5/12-704                  |  |
|    | Line from Schedule A/B: 21.1   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every     |                                      |         | iled on or after the date of adjustmer                          | nt.)                               |  |
|    | ■ No   |                                      |         |   |                                    |  |
|    | ☐ Yes. Did you acquire the property covere   | ed by the exemption wi               | ithin 1 | ,215 days before you filed this case                            | ?                                  |  |
|    | □ No   |                                      |         |   |                                    |  |
|    | ☐ Yes  |                                      |         |   |                                    |  |

| Fill in this information to identify your case: |                |                   |             |  |                     |
|---|----------------|-------------------|-------------|--|---------------------|
| Debtor 1  | Isamar Lechuga |                   |             |  |                     |
|   | First Name     | Middle Name       | Last Name   |  |                     |
| Debtor 2  |                |                   |             |  |                     |
| (Spouse if, filing)                             | First Name     | Middle Name       | Last Name   |  |                     |
| United States Bankruptcy Court for the:         |                | NORTHERN DISTRICT | OF ILLINOIS |  |                     |
| Case number                                     |                |                   |             |  |                     |
| (if known)                                      |                |                   |             |  | Check if this is an |
|   |                |                   |             |  | amended filing      |

### Official Form 106D

## Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
  - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below.

|                            | Ou   | 50 10 00100 1   | Document  | Page 19                      | of 52   | 2 Deservian  |
|----------------------------|--|---|---|------------------------------|---|--|
| Fil                        | I in this inforn   | nation to identify your   |   |                              |   |  |
| De                         | btor 1   | Isamar Lechuga  |   |                              |   |  |
|                            |  | First Name  | Middle Name   | Last Name                    |   |  |
|                            | btor 2<br>ouse if, filing)   | First Name  | Middle Name   | Last Name                    |   |  |
| (Sp                        | ouse II, IIIIIIg)  | First Name  | Middle Name   | Last Name                    |   |  |
| Un                         | ited States Bar  | nkruptcy Court for the:   | NORTHERN DISTRICT OF ILI  | LINOIS                       |   |  |
| Ca                         | se number  |   |   |                              |   |  |
| (if k                      | nown)  |   |   |                              |   | ☐ Check if this is an  |
|                            |  |   |   |                              |   | amended filing   |
| ∩f                         | ficial Form  | 106E/E  |   |                              |   |  |
|                            |  |   | /ho Have Unsecured  | Claime                       |   | 12/15  |
|                            |  |   |   |                              | Part 2 for araditors with NONER   | IZ/ 13 IORITY claims. List the other party to  |
| Sch<br>Sch<br>left.<br>nam | edule G: Execut<br>edule D: Credito<br>Attach the Con<br>ne and case nun | tory Contracts and Unexpors Who Have Claims Sec<br>tinuation Page to this pag<br>nber (if known). | ired Leases (Official Form 106G). I<br>ured by Property. If more space is<br>ge. If you have no information to re             | o not include needed, copy t | any creditors with partially secu<br>he Part you need, fill it out, nun | perty (Official Form 106A/B) and on<br>ured claims that are listed in<br>nber the entries in the boxes on the<br>of any additional pages, write your |
|                            |  | I of Your PRIORITY Un   |   |                              |   |  |
| 1.                         | _ '  | rs have priority unsecure   | d claims against you?   |                              |   |  |
|                            | No. Go to Pa   | art 2.  |   |                              |   |  |
| Do                         | Yes.   | L of Vous NONDDIODIT  | TV IIIn a a a come al Claima  |                              |   |  |
|                            |  | l of Your NONPRIORIT  |   |                              |   |  |
| 3.                         | _ '  |   | cured claims against you?   |                              |   |  |
|                            | ☐ No. You hav  | ve nothing to report in this p  | art. Submit this form to the court with   | your other sche              | dules.  |  |
|                            | Yes.   |   |   |                              |   |  |
| 4.                         | unsecured clain  | n, list the creditor separately   | aims in the alphabetical order of th<br>y for each claim. For each claim listed<br>ist the other creditors in Part 3.If you l | I, identify what t           | ype of claim it is. Do not list claims                                  | s already included in Part 1. If more  |
|                            |  |   |   |                              |   | Total claim  |
| 4.1                        |  | ed Women's Healtho  | care Last 4 digits of acc   | ount number                  | 1371  | \$241.00   |
|                            | Nonpriority ATTN: 1  | Creditor's Name   | When was the debt   | incurred?                    | 2017  |  |
|                            | PO Box   |   |   |                              | 2011  |  |
|                            |  | ME 04915-4033   |   |                              |   |  |
|                            |  | reet City State Zlp Code red the debt? Check one.   | As of the date you  | file, the claim i            | s: Check all that apply   |  |
|                            | ■ Debtor   |   | П оt  |                              |   |  |
|                            |  | •   | ☐ Contingent  |                              |   |  |
|                            | ☐ Debtor   | -   | ☐ Unliquidated  |                              |   |  |
|                            |  | 1 and Debtor 2 only   | ☐ Disputed  Type of NONPRIOR  | PITY unsecured               | l claim:  |  |
|                            |  | t one of the debtors and and  |   | arr anscource                | olami.  |  |
|                            | ⊔ Check<br>debt  | if this claim is for a com  |   | ng out of a sena             | ration agreement or divorce that y                                      | ou did not   |
|                            | Is the clair   | m subject to offset?  | report as priority clai   |                              | agreement of diverse that y   |  |
|                            | ■ No   |   | ☐ Debts to pension  | or profit-sharin             | g plans, and other similar debts  |  |
|                            | ☐ Yes  |   | Other. Specify  | Medical                      |   |  |
|                            |  |   | <del>-</del>  |                              |   |  |

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| Debtor | 1 Isamar Lechuga  |  | Case number (if know)                         |            |
|--------|---|--|---|------------|
| 4.2    | Barrington Orthopedic Specialist  Nonpriority Creditor's Name                                 | Last 4 digits of account number                              | 1587  | \$707.00   |
|        | 1124 Paysphere Circle Chicago, IL 60674   | When was the debt incurred?                                  | 2017  |            |
|        | Number Street City State Zlp Code  Who incurred the debt? Check one.                          | As of the date you file, the claim                           | is: Check all that apply                      |            |
|        | Debtor 1 only   | ☐ Contingent   |   |            |
|        | ☐ Debtor 2 only   | ☐ Unliquidated   |   |            |
|        | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |            |
|        | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure                                 | d claim:                                      |            |
|        | ☐ Check if this claim is for a community  | ☐ Student loans  |   |            |
|        | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |            |
|        | ■ No  | ☐ Debts to pension or profit-shari                           | ng plans, and other similar debts             |            |
|        | Yes   | Other. Specify Medical                                       |   |            |
| 4.3    | Bioreferance Labortories  | Last 4 digits of account number                              | 1707  | \$60.00    |
|        | Nonpriority Creditor's Name PO Box 21134  | When was the debt incurred?                                  | 2017  |            |
|        | New York, NY 10087-1134  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                           | is: Check all that apply                      |            |
|        | _   | П  |   |            |
|        | Debtor 1 only   | ☐ Contingent   |   |            |
|        | ☐ Debtor 2 only   | Unliquidated   |   |            |
|        | Debtor 1 and Debtor 2 only  | ☐ Disputed   | Later   |            |
|        | At least one of the debtors and another   | Type of NONPRIORITY unsecure                                 | d claim:                                      |            |
|        | ☐ Check if this claim is for a community debt   | Student loans  |   |            |
|        | Is the claim subject to offset?   | report as priority claims                                    | aration agreement or divorce that you did not |            |
|        | ■ No  | ☐ Debts to pension or profit-shari                           | ng plans, and other similar debts             |            |
|        | Yes   | Other. Specify Medical                                       |   |            |
| 4.4    | Capital One   | Last 4 digits of account number                              | 7023  | \$4,472.00 |
|        | Nonpriority Creditor's Name Attn: General   | _  | Opened 11/12 Last Active                      |            |
|        | Correspondence/Bankruptcy Po Box 30285  | When was the debt incurred?                                  | 10/17   |            |
|        | Salt Lake City, UT 84130  Number Street City State Zlp Code                                   | As of the date you file, the claim                           | is: Check all that apply                      |            |
|        | Who incurred the debt? Check one.   | 710 of the date yearing, the slam.                           | io. Onook all that apply                      |            |
|        | ■ Debtor 1 only   | ☐ Contingent   |   |            |
|        | Debtor 2 only   | ☐ Unliquidated   |   |            |
|        | Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |            |
|        | At least one of the debtors and another   | Type of NONPRIORITY unsecure                                 | d claim:                                      |            |
|        | ☐ Check if this claim is for a community  | ☐ Student loans  |   |            |
|        | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |            |
|        | ■ No  | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |            |
|        | ☐ Yes   | ■ Other Specify Credit Care                                  | i   |            |
|        |   | — Sulon Opcomy   |   |            |

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Debtor 1 Isamar Lechuga Case number (if know) Chicago Hand and Orthopedica 5588 \$140.00 4.5 Last 4 digits of account number Surger Nonpriority Creditor's Name PO Box 1039 When was the debt incurred? 2017 Bedford Park, IL 60499-1036 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Medical Other. Specify 4.6 Citibank/Best Buy Last 4 digits of account number 8044 \$1,046.00 Nonpriority Creditor's Name Citicorp Credit Srvs/Centralized Opened 05/15 Last Active When was the debt incurred? Bankrup 09/17 Po Box 790040 St. Louis, MO 63179 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Charge Account Other. Specify 4.7 **Comenity Bank/Victoria Secret** Last 4 digits of account number \$1,300.00 9589 Nonpriority Creditor's Name Opened 07/13 Last Active Attn: Bankruptcy Po Box 182125 When was the debt incurred? 11/17 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes

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Debtor 1 Isamar Lechuga 4.8 \$1,981.00 **Credit One Bank** Last 4 digits of account number 8245 Nonpriority Creditor's Name Attn: Bankruptcy Opened 01/15 Last Active Po Box 98873 When was the debt incurred? 08/17 Las Vegas, NV 89193 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes **Dept Of Ed/Navient** 4.9 Last 4 digits of account number 0112 \$863.00 Nonpriority Creditor's Name Attn: Claims Dept Opened 01/10 Last Active P.O. Box 9635 When was the debt incurred? 2/15/18 Wilkes Barr, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed ☐ Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other, Specify Educational 4.1 **Dept Of Ed/Navient** 0723 \$791.00 Last 4 digits of account number 0 Nonpriority Creditor's Name Attn: Claims Dept Opened 07/09 Last Active P.O. Box 9635 When was the debt incurred? 2/15/18 Wilkes Barr, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Educational

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Debtor 1 Isamar Lechuga 4.1 \$691.00 **Dept Of Ed/Navient** 0723 Last 4 digits of account number Nonpriority Creditor's Name Opened 07/09 Last Active Attn: Claims Dept P.O. Box 9635 When was the debt incurred? 2/20/18 Wilkes Barr, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify Educational 4.1 **Discover Financial** 2863 \$7,970.00 Last 4 digits of account number 2 Nonpriority Creditor's Name Opened 02/13 Last Active Po Box 3025 When was the debt incurred? 9/07/17 New Albany, OH 43054 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Credit Card 4.1 **FMA Alliance Ltd** 3515 \$8,718.00 Last 4 digits of account number 3 Nonpriority Creditor's Name PO Box 2409 When was the debt incurred? 2017 Houston, TX 77252-2409 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collection Cross River Bank ☐ Yes

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Debtor 1 Isamar Lechuga 4.1 Mira Med Revenue Group 4375 \$0.00 Last 4 digits of account number 4 Nonpriority Creditor's Name Dept. 77304 When was the debt incurred? 2018 PO Box 77000 Detroit, MI 48277-0364 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Notice only collection Barrington Ortho 4.1 Northland Group, Inc. 4334 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 390846 2015 When was the debt incurred? Minneapolis, MN 55439 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Notice only collection Citibank ☐ Yes Physicians Immediate Care -4.1 0353 \$185.00 Chicago Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 8799 When was the debt incurred? 2017 Carol Stream, IL 60197-8799 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Medical

Page 25 of 52 Case number (if know) Document Debtor 1 Isamar Lechuga 4.1 **Prosper Marketplace Inc** 3860 \$14,222.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 12/16 Last Active 101 2nd St FI 15 When was the debt incurred? 09/17 San Francisco, CA 94105 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Unsecured Other, Specify 4.1 Receivable Management Partners 2194 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name 2250 E Devon Ave When was the debt incurred? 2017 Suite 252 Des Plaines, IL 60018-4521 As of the date you file, the claim is: Check all that apply Number Street City State ZIp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Notice only collection Sherman Hospital** 4.1 **Sherman Hospital** \$100.00 0868 Last 4 digits of account number Nonpriority Creditor's Name 1425 North Randall Road When was the debt incurred? 2017 Elgin, IL 60123 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

■ No
□ Yes

■ Other. Specify Medical

☐ Debts to pension or profit-sharing plans, and other similar debts

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|                                |  | work Inc.  | Last 4 digits of account number   | 3515                     |   | \$8,688.0                  |
|--------------------------------|--|--|---|--------------------------|---|----------------------------|
| 2 Circ                         | ele Stai                                     | litor's Name<br>r Way<br>CA 94070  | When was the debt incurred?   | Open<br>09/17            | ed 04/17 Last Active                            | _                          |
| Number                         | r Street C                                   | City State Zlp Code he debt? Check one.  | As of the date you file, the claim i  | s: Check                 | all that apply                                  |                            |
| ■ Deb                          | otor 1 only                                  | <i>V</i>   | ☐ Contingent  |                          |   |                            |
| _                              | otor 2 only                                  | •  | ☐ Unliquidated  |                          |   |                            |
| _                              |  | Debtor 2 only  | ☐ Disputed  |                          |   |                            |
| _                              |  | of the debtors and another   | Type of NONPRIORITY unsecured   | d claim:                 |   |                            |
| _                              |  | s claim is for a community   | ☐ Student loans   |                          |   |                            |
| debt                           |  | oject to offset?   | Obligations arising out of a separeport as priority claims  | ration agr               | reement or divorce that you did not             |                            |
| ■ No                           |  |  | ☐ Debts to pension or profit-sharin   | g plans, a               | and other similar debts                         |                            |
| ☐ Yes                          |  |  | ■ Other. Specify Unsecured  |                          |   | _                          |
| US Ba                          | ank/RM                                       | AS CC  | Last 4 digits of account number   | 1539                     |   | \$676.00                   |
| Nonprio                        | ority Cred                                   | litor's Name  Department   | Last 4 digits of account number   |                          | ed 08/12 Last Active                            | Ψ070.00                    |
| Po Bo                          | ox 5229                                      | 9  | When was the debt incurred?   | 9/08/1                   |   | _                          |
|                                |  | OH 45201<br>City State Zlp Code  | As of the date you file, the claim i  | s: Check                 | all that apply                                  |                            |
| Who in                         | curred tl                                    | he debt? Check one.  |   |                          |   |                            |
| Debt                           | otor 1 only                                  | y  | ☐ Contingent  |                          |   |                            |
| ☐ Deb¹                         | otor 2 only                                  | y  | ☐ Unliquidated  |                          |   |                            |
| ☐ Deb <sup>t</sup>             | tor 1 and                                    | Debtor 2 only  | ☐ Disputed  |                          |   |                            |
|                                |  | of the debtors and another   | Type of NONPRIORITY unsecured   | d claim:                 |   |                            |
|                                | ck if this                                   | s claim is for a community   | ☐ Student loans   |                          |   |                            |
| debt<br>Is the c               | laim sul                                     | ject to offset?  | Obligations arising out of a sepa<br>report as priority claims  | ration agr               | eement or divorce that you did not              |                            |
| ■ No                           |  |  | Debts to pension or profit-sharing  | g plans, a               | and other similar debts                         |                            |
| ☐ Yes                          |  |  | Other. Specify Credit Card  | l                        |   |                            |
| <b>_</b>                       |  | to Be Notified About a Deb   |   |                          |   | _                          |
| is page o                      | only if yollect from                         | ou have others to be notified ab<br>m you for a debt you owe to son  | out your bankruptcy, for a debt that y<br>neone else, list the original creditor in<br>you listed in Parts 1 or 2, list the addi          | Parts 1 c                | or 2, then list the collection agen             | cy here. Similarly, if you |
| ed for an                      | •  | nounts for Each Type of Uns  | secured Claim   |                          |   |                            |
| Add the amount                 | the An                                       | certain types of unsecured clain   | secured Claim ns. This information is for statistical r   | eporting                 | purposes only. 28 U.S.C. §159. A                | dd the amounts for each    |
| Add the amount                 | the An                                       | certain types of unsecured clain   |   | eporting                 | purposes only. 28 U.S.C. §159. A<br>Total Claim | dd the amounts for each    |
| Add he amount unsecu           | the An                                       | certain types of unsecured clain   |   | eporting                 |   |                            |
| Add he amore f unsecu          | d the An<br>ounts of c<br>ured clai          | certain types of unsecured clain<br>im.  | ns. This information is for statistical r   |                          | Total Claim                                     | <u>)</u>                   |
| Add he amore f unsecu          | d the An<br>ounts of d<br>ured clai          | certain types of unsecured clain<br>im.  Domestic support obligations  Taxes and certain other debts   | ns. This information is for statistical r   | 6a.                      | Total Claim \$0.00                              | <u>)</u>                   |
| Add the amount of unsecutorial | d the An ounts of cured clai                 | certain types of unsecured clain im.  Domestic support obligations  Taxes and certain other debts Claims for death or personal in                                    | ns. This information is for statistical r   | 6a.<br>6b.               | * Total Claim  \$ 0.00                          | <u>0</u>                   |
| Add he amout funsecutorial     | ounts of cured claim  6a.  6b.  6c.          | certain types of unsecured clain im.  Domestic support obligations  Taxes and certain other debts Claims for death or personal in                                    | ns. This information is for statistical response to the government spury while you were intoxicated cured claims. Write that amount here. | 6a.<br>6b.<br>6c.        | * Total Claim  \$ 0.00  \$ 0.00  \$ 0.00        | <u>0</u>                   |
| Add                            | d the Anounts of dured claim 6a. 6b. 6c. 6d. | certain types of unsecured clain im.  Domestic support obligations  Taxes and certain other debts Claims for death or personal ir Other. Add all other priority unse | ns. This information is for statistical response to the government spury while you were intoxicated cured claims. Write that amount here. | 6a.<br>6b.<br>6c.<br>6d. | * O.00  \$ 0.00  \$ 0.00  \$ 0.00               | <u>0</u>                   |

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from Part 2

Debtor 1 Isamar Lechuga

6g. Obligations arising out of a separation agreement or divorce that

0.00

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Debtor 1 Isamar Lechuga

| 6h. | you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$<br>0.00      |
|-----|--|-----|-----------------|
| 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                        | 6i. | \$<br>50,506.00 |
| 6j. | Total Nonpriority. Add lines 6f through 6i.  | 6j. | \$<br>52,851.00 |

Official Form 106 E/F

| Fill in this infor  | mation to identify your  | case:             |             |  |
|---------------------|--------------------------|-------------------|-------------|--|
| Debtor 1            | Isamar Lechuga           |                   |             |  |
|                     | First Name               | Middle Name       | Last Name   |  |
| Debtor 2            |                          |                   |             |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name   |  |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |  |
| Case number         |                          |                   |             |  |
| (II KIIOWII)        |                          |                   |             |  |

## Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Eduardo Suarez
1701 Lakeland Lane
Pingree Grove, IL 60140

State what the contract or lease is for

Debtor will assume her residential lease with her landlord Eduardo Suarez.

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|                                |   | DUGUITIE                      | <u> </u>                | JI 3/   |
|--------------------------------|---|-------------------------------|-------------------------|---|
| Fill in this i                 | nformation to identify your   |                               |                         |   |
| Debtor 1                       | Isamar Lechuga  |                               |                         |   |
|                                | First Name  | Middle Name                   | Last Name               |   |
| Debtor 2<br>(Spouse if, filing | First Name  | Middle Name                   | Last Name               |   |
| United State                   | es Bankruptcy Court for the:  | NORTHERN DISTRICT             | OF ILLINOIS             |   |
| 0                              |   |                               |                         |   |
| Case numb                      | er  |                               |                         | ☐ Check if this is an amended filing  |
| Official                       | Form 106H   |                               |                         |   |
|                                | ule H: Your Cod   | ohtore                        |                         | 42/45   |
| Scried                         | ule II. Toul Cou  | EDIOIS                        |                         | 12/15   |
| your name a                    | d number the entries in the and case number (if known) ou have any codebtors? (If | . Answer every question       |                         | to this page. On the top of any Additional Pages, write e as a codebtor.  |
| ■ No                           |   |                               |                         |   |
| ☐ Yes                          |   |                               |                         |   |
|                                | in the last 8 years, have you<br>, California, Idaho, Louisiana,                  |                               |                         | ry? (Community property states and territories include ington, and Wisconsin.)  |
| ■ No. (                        | Go to line 3.   |                               |                         |   |
|                                | Did your spouse, former spou  | use, or legal equivalent live | e with you at the time? |   |
|                                |   | , 5                           | •                       |   |
| in line :<br>Form 1            | 2 again as a codebtor only i  | f that person is a guaran     | tor or cosigner. Make   | r if your spouse is filing with you. List the person show<br>sure you have listed the creditor on Schedule D (Offic<br>06G). Use Schedule D, Schedule E/F, or Schedule G to |
|                                | Column 1: Your codebtor<br>ame, Number, Street, City, State and ZI                | P Code                        |                         | Column 2: The creditor to whom you owe the deb<br>Check all schedules that apply:   |
| 3.1                            |   |                               |                         | ☐ Schedule D, line  |
|                                | lame  |                               |                         | ☐ Schedule E/F, line  |
|                                |   |                               |                         | ☐ Schedule G, line  |
|                                | lumber Street   | 0                             | 710.0                   | <del>_</del>  |
|                                | ity   | State                         | ZIP Code                |   |
| 3.2                            |   |                               |                         | ☐ Schedule D, line  |
|                                | lame  |                               |                         | ☐ Schedule E/F, line  |
|                                |   |                               |                         | ☐ Schedule G, line  |
| N                              | lumber Street   |                               |                         | _   |
| C                              | ity   | State                         | ZIP Code                |   |

Schedule H: Your Codebtors

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|                     | in this information   |                                     |   |  |              |                 |                     |                         |                         |                                  |                 |
|---------------------|---|-------------------------------------|---|--|--------------|-----------------|---------------------|-------------------------|-------------------------|----------------------------------|-----------------|
| Dei                 | btor 1  | Isamar Lech                         | uga   |  |              | _               |                     |                         |                         |                                  |                 |
|                     | btor 2<br>buse, if filing)                                      |                                     |   |  |              | _               |                     |                         |                         |                                  |                 |
| Uni                 | ited States Bankrup   | otcy Court for the                  | NORTHERN DISTRIC  | CT OF ILLINOIS                                   |              | _               |                     |                         |                         |                                  |                 |
|                     | se number   |                                     |   | -  |              |                 | □ A                 |                         | ed filing<br>ent showi  | ing postpetition following date: |                 |
| 0                   | fficial Form  | 106l                                |   |  |              |                 | ī                   | /M / DD/ \              | /YYY                    | -                                |                 |
| S                   | chedule I:  | Your Inco                           | ome   |  |              |                 | 14                  | MIVI / DD/              |                         |                                  | 12/15           |
| sup<br>spo<br>atta  | plying correct info<br>use. If you are sep<br>ch a separate she | ormation. If you<br>parated and you | sible. If two married peo<br>are married and not filii<br>r spouse is not filing wi<br>On the top of any additi | ng jointly, and yo<br>ith you, do not in         | our spouse i | is liv<br>matic | ing with<br>on abou | you, incl<br>t your spe | ude infor<br>ouse. If n | rmation about<br>nore space is   | your<br>needed, |
| 1.                  | Fill in your emplinformation.                                   | loyment                             |   | Debtor 1   |              |                 |                     | Debtor 2                | 2 or non-               | filing spouse                    |                 |
|                     | If you have more than one job,                                  |                                     | Employment status   | ■ Employed                                       |              |                 |                     | ☐ Employed              |                         |                                  |                 |
|                     | attach a separate page with information about additional        | Employment status                   | ☐ Not employed  |  |              |                 | ☐ Not employed      |                         |                         |                                  |                 |
|                     | employers.  |                                     | Occupation  | Exporting Go                                     | oods         |                 |                     |                         |                         |                                  |                 |
|                     | Include part-time<br>self-employed wo                           |                                     | Employer's name   | DSV Air and                                      | Sea          |                 |                     |                         |                         |                                  |                 |
|                     | Occupation may or homemaker, if                                 |                                     | Employer's address  | 1300 N Arling<br>Road, Suite 2<br>Itasca, IL 601 | 200          | nts             |                     |                         |                         |                                  |                 |
|                     |   |                                     | How long employed to  | here? 5 ye                                       | ars          |                 |                     |                         |                         |                                  |                 |
| Pai                 | rt 2: Give De   | etails About Mor                    | thly income   |  |              |                 |                     | _                       |                         |                                  |                 |
| <b>Esti</b><br>spou | imate monthly incurse unless you are                            | ome as of the da<br>separated.      | ate you file this form. If  | , ,  | ·            |                 |                     |                         | ·                       | ·                                | Ū               |
|                     |   |                                     |   |  |              |                 | For Del             | btor 1                  |                         | ebtor 2 or<br>iling spouse       |                 |
| 2.                  |   |                                     | ry, and commissions (becalculate what the monthle   |  | 2.           | \$              | 4                   | ,021.00                 | \$                      | N/A                              |                 |
| 3.                  | Estimate and lis  | t monthly overti                    | me pay.   |  | 3.           | +\$             |                     | 0.00                    | +\$                     | N/A                              |                 |
| 4.                  | Calculate gross   | Income. Add lin                     | ne 2 + line 3.  |  | 4.           | \$              | 4,0                 | 21.00                   | \$_                     | N/A                              |                 |

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| Deb | tor 1                     | Isamar Lechuga  | -    | (           | Case            | number ( <i>if k</i> | nown) |               |                    |             |          |       |
|-----|---------------------------|---|------|-------------|-----------------|----------------------|-------|---------------|--------------------|-------------|----------|-------|
|     |                           |   |      |             |                 | Debtor 1             |       |               | Debtor<br>filing s | 2 or spouse |          |       |
|     | Cop                       | by line 4 here  | 4.   |             | \$_             | 4,02                 | 1.00  | \$            |                    | N/A         | <u>\</u> |       |
| 5.  | List                      | all payroll deductions:   |      |             |                 |                      |       |               |                    |             |          |       |
|     | 5a.                       | Tax, Medicare, and Social Security deductions   | 5a   | a.          | \$              | 87                   | 3.00  | \$            |                    | N/A         | ١        |       |
|     | 5b.                       | Mandatory contributions for retirement plans  | 5b   | ).          | \$_             |                      | 0.00  | \$            |                    | N/A         | _        |       |
|     | 5c.                       | Voluntary contributions for retirement plans  | 50   | <b>)</b> .  | \$              |                      | 0.00  | \$            |                    | N/A         | _        |       |
|     | 5d.                       | Required repayments of retirement fund loans  | 50   | d.          | \$_             |                      | 0.00  | \$            |                    | N/A         | _        |       |
|     | 5e.                       | Insurance   | 5e   |             | \$_             |                      | 7.00  | \$            |                    | N/A         | _        |       |
|     | 5f.                       | Domestic support obligations  | 5f.  |             | \$_             |                      | 0.00  | \$            |                    | N/A         | _        |       |
|     | 5g.<br>5h.                | Union dues Other deductions. Specify:   | 5g   | ].<br>1.+   | \$<br>\$        |                      | 0.00  | + \$          |                    | N/A<br>N/A  |          |       |
| 6   |                           | • • -   | _    |             | · —             |                      |       | : <del></del> |                    |             | _        |       |
| 6.  |                           | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.   |             | \$_             | 1,010                |       | \$            |                    | N/A         | _        |       |
| 7.  |                           | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.   |             | \$              | 3,01                 | 1.00  | \$            |                    | N/A         | <u>\</u> |       |
| 8.  | List<br>8a.               | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a   |             | \$              |                      | 0.00  | \$            |                    | N/A         |          |       |
|     | 8b.                       | Interest and dividends  | 8b   |             | <b>\$</b> —     |                      | 0.00  | \$            |                    | N/A         |          |       |
|     | 8c.                       | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 80   |             | *<br>\$         |                      | 0.00  | \$            |                    | N/A         | _        |       |
|     | 8d.                       | Unemployment compensation   | 80   | d.          | \$ <sup>-</sup> |                      | 0.00  | \$            |                    | N/A         | _        |       |
|     | 8e.                       | Social Security   | 8e   | €.          | \$_             | (                    | 0.00  | \$            |                    | N/A         | <u> </u> |       |
|     | 8f.                       | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:         | 8f.  |             | \$              |                      | 0.00  | \$            |                    | N/A         | _        |       |
|     | 8g.                       | Pension or retirement income  | 89   |             | \$_             |                      | 0.00  |               |                    | N/A         | _        |       |
|     | 8h.                       | Other monthly income. Specify:  | _ 8n | <b>۱.</b> + | \$_             |                      | 0.00  | + 5           |                    | N/A         | <u> </u> |       |
| 9.  | Add                       | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.   | 9           | <u> </u>        | (                    | 0.00  | \$            |                    | N/          | Α        |       |
| 10. | Cal                       | culate monthly income. Add line 7 + line 9.   | 10.  | \$          |                 | 3,011.00             | + \$  |               | N/A                | = \$        | 3 01     | 1.00  |
|     |                           | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  |      | -           |                 | 3,011.00             |       |               | 14//               | * -         | 0,0      |       |
| 11. | Sta<br>Incl<br>othe<br>Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not accify:      | depe |             |                 | •                    |       | •             |                    | e J.<br>+\$ |          | 0.00  |
| 12. |                           | If the amount in the last column of line 10 to the amount in line 11. The rester that amount on the Summary of Schedules and Statistical Summary of Certain lies  |      |             |                 |                      |       |               | 12.                | \$          | 3,01     | 11.00 |
| 13. | Do                        | you expect an increase or decrease within the year after you file this form   | ?    |             |                 |                      |       |               | '                  | Combi       |          | ome   |
|     |                           | No.   |      |             |                 |                      |       |               |                    |             |          |       |

Official Form 106I Schedule I: Your Income page 2

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| Fill i      | in this information to identify your case:   |                            | ]                |                   |                           |
|-------------|--|----------------------------|------------------|-------------------|---------------------------|
| Debt        |  |                            | Check            | if this is:       |                           |
| Debt        |  |                            | _                | n amended filing  | ving postpetition chapter |
|             | puse, if filing)   |                            |                  |                   | the following date:       |
| Unite       | ed States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLI  | INOIS                      | - N              | MM / DD / YYYY    |                           |
| 1           | e number<br>nown)  |                            |                  |                   |                           |
| Of          | fficial Form 106J  |                            |                  |                   |                           |
|             | chedule J: Your Expenses   |                            |                  |                   | 12/1                      |
| info        | as complete and accurate as possible. If two married people<br>ormation. If more space is needed, attach another sheet to thi<br>nber (if known). Answer every question. |                            |                  |                   |                           |
| Part        |  |                            |                  |                   |                           |
| 1.          | Is this a joint case?  No. Go to line 2.   |                            |                  |                   |                           |
|             | ☐ Yes. Does Debtor 2 live in a separate household?   |                            |                  |                   |                           |
|             | ☐ No☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expens</i> i  | es for Separate House      | ehold of Debto   | or 2.             |                           |
| 2.          | Do you have dependents? ■ No   | 00 / 0/ 00 pa/a/0 / 10 a 0 |                  | ·· <del>-</del> · |                           |
| ۷.          | Do not list Debtor 1 and Yes. Fill out this information for  | Dependent's relati         | ionship to       | Dependent's       | Does dependent            |
|             | Debtor 2. each dependent   | Debtor 1 or Debto          |                  | age               | live with you?            |
|             | Do not state the   |                            |                  |                   | □ No                      |
|             | dependents names.  |                            |                  |                   | ☐ Yes<br>☐ No             |
|             |  |                            |                  |                   | ☐ Yes                     |
|             |  |                            |                  |                   | □ No                      |
|             |  |                            |                  |                   | ☐ Yes                     |
|             |  |                            |                  |                   | □ No<br>□ Yes             |
| 3.          | Do your expenses include ■ No  |                            |                  |                   | ⊔ Yes                     |
|             | expenses of people other than yourself and your dependents?  |                            |                  |                   |                           |
| Part        | t 2: Estimate Your Ongoing Monthly Expenses  |                            |                  |                   |                           |
| Esti<br>exp | imate your expenses as of your bankruptcy filing date unless<br>enses as of a date after the bankruptcy is filed. If this is a su-<br>plicable date.                     |                            |                  |                   |                           |
| the         | lude expenses paid for with non-cash government assistance value of such assistance and have included it on Schedule I: ficial Form 106I.)                               |                            |                  | Your expe         | enses                     |
| 4.          | The rental or home ownership expenses for your residence   | . Include first mortgage   | e<br>4. \$       |                   | 1,450.00                  |
|             | payments and any rent for the ground or lot.   |                            | 4. Ф             |                   | 1,430.00                  |
|             | If not included in line 4:   |                            |                  |                   |                           |
|             | 4a. Real estate taxes  |                            | 4a. \$           |                   | 0.00                      |
|             | <ul><li>4b. Property, homeowner's, or renter's insurance</li><li>4c. Home maintenance, repair, and upkeep expenses</li></ul>   |                            | 4b. \$<br>4c. \$ |                   | 0.00                      |
|             | 4d. Homeowner's association or condominium dues  |                            | 4d. \$           |                   | 0.00                      |
| 5.          | Additional mortgage payments for your residence, such as h   | nome equity loans          | 5. \$            |                   | 0.00                      |

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| eptor 1 Is  | amar Lechuga   | Case num      | ber (if known) |                           |
|-------------|--|---------------|----------------|---------------------------|
| Utilities:  | :  |               |                |                           |
|             | ectricity, heat, natural gas   | 6a.           | \$             | 90.00                     |
|             | ater, sewer, garbage collection  | 6b.           | \$             | 0.00                      |
| 6c. Te      | elephone, cell phone, Internet, satellite, and cable services  | 6c.           |                | 450.00                    |
| 6d. Ot      | ther. Specify:   | 6d.           | \$             | 0.00                      |
|             | nd housekeeping supplies   | 7.            | \$             | 300.00                    |
|             | re and children's education costs  | 8.            | \$             | 0.00                      |
|             | g, laundry, and dry cleaning   | 9.            | ·              | 80.00                     |
|             | al care products and services  | 10.           | *              | 30.00                     |
|             | and dental expenses  | 11.           | •              | 75.00                     |
|             | ortation. Include gas, maintenance, bus or train fare.   | • • • •       | Ψ              | 75.00                     |
|             | nclude car payments.   | 12.           | \$             | 260.00                    |
|             | nment, clubs, recreation, newspapers, magazines, and books   | 13.           | \$             | 100.00                    |
|             | ole contributions and religious donations  | 14.           |                | 0.00                      |
| . Insuran   | •  |               | *              | 0.00                      |
|             | nclude insurance deducted from your pay or included in lines 4 or 20.  |               |                |                           |
|             | fe insurance   | 15a.          | \$             | 0.00                      |
| 15b. He     | ealth insurance  | 15b.          | \$             | 0.00                      |
| 15c. Ve     | ehicle insurance   | 15c.          | \$             | 0.00                      |
| 15d. Ot     | ther insurance. Specify:   | 15d.          | \$             | 0.00                      |
| . Taxes.    | Do not include taxes deducted from your pay or included in lines 4 or 20.  |               | ·              |                           |
| Specify:    |  | 16.           | \$             | 0.00                      |
|             | ent or lease payments:   |               |                | -100                      |
| 17a. Ca     | ar payments for Vehicle 1  | 17a.          | \$             | 0.00                      |
| 17b. Ca     | ar payments for Vehicle 2  | 17b.          | \$             | 0.00                      |
| 17c. Ot     | ther. Specify: Student Loans   | 17c.          | \$             | 86.00                     |
|             | ther. Specify:   | 17d.          | \$             | 0.00                      |
|             | yments of alimony, maintenance, and support that you did not report a  | as            | •              |                           |
| deducte     | ed from your pay on line 5, Schedule I, Your Income (Official Form 1061)   |               | \$             | 0.00                      |
| Other pa    | ayments you make to support others who do not live with you.   |               | \$             | 0.00                      |
| Specify:    |  | 19.           |                |                           |
|             | eal property expenses not included in lines 4 or 5 of this form or on Sca  |               |                |                           |
| 20a. Mo     | ortgages on other property   | 20a.          | \$             | 0.00                      |
| 20b. Re     | eal estate taxes   | 20b.          | \$             | 0.00                      |
| 20c. Pr     | operty, homeowner's, or renter's insurance   | 20c.          | \$             | 0.00                      |
| 20d. Ma     | aintenance, repair, and upkeep expenses  | 20d.          | \$             | 0.00                      |
| 20e. Ho     | omeowner's association or condominium dues   | 20e.          | \$             | 0.00                      |
| I. Other: S | Specify:   | 21.           | +\$            | 0.00                      |
|             | · •  |               | •              | 2.00                      |
|             | te your monthly expenses   |               |                | _                         |
|             | d lines 4 through 21.  |               | \$             | 2,921.00                  |
| 22b. Cop    | by line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  | 2             | \$             |                           |
| 22c. Add    | d line 22a and 22b. The result is your monthly expenses.   |               | \$             | 2,921.00                  |
| Coloul-4    | to vous monthly not income   |               |                | ,                         |
|             | te your monthly net income.  | 00:           | Φ.             | 0.044.00                  |
|             | opy line 12 (your combined monthly income) from Schedule I.  | 23a.          | ·              | 3,011.00                  |
| 23b. Co     | opy your monthly expenses from line 22c above.   | 23b.          | -5             | 2,921.00                  |
| 00 - 0      | the second secon |               |                |                           |
|             | ubtract your monthly expenses from your monthly income.  | 23c.          | \$             | 90.00                     |
| ın          | ne result is your monthly net income.  | 200.          | T              | 33.00                     |
| 1. Do vou e | expect an increase or decrease in your expenses within the year after  | vou file this | form?          |                           |
|             | ple, do you expect to finish paying for your car loan within the year or do you expect yo  |               |                | ase or decrease because o |
|             | on to the terms of your mortgage?  | 0 0 1         | -              |                           |
| ■ No.       |  |               |                |                           |
| ☐ Yes.      | Explain here:  |               |                |                           |

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| Fill in this info               | rmation to identify your             | case:                      |                            |                   |   |
|---------------------------------|--------------------------------------|----------------------------|----------------------------|-------------------|---|
| Debtor 1                        | Isamar Lechuga                       |                            |                            |                   |   |
|                                 | First Name                           | Middle Name                | Last Name                  |                   |   |
| Debtor 2<br>(Spouse if, filing) | First Name                           | Middle Name                | Last Name                  |                   |   |
| United States B                 | ankruptcy Court for the:             | NORTHERN DISTRICT          | OF ILLINOIS                |                   |   |
| Case number (if known)          |                                      |                            |                            |                   | ☐ Check if this is an amended filing                                    |
| Official For                    | -                                    | an Individual              | Debtor's So                | chedules          | 12/15   |
|                                 |                                      |                            |                            |                   |   |
| If two married p                | people are filing togethe            | r, both are equally respon | sible for supplying cor    | rect information. |   |
| obtaining mone                  |                                      | n connection with a bank   |                            |                   | ment, concealing property, or<br>), or imprisonment for up to 20        |
| Sig                             | gn Below                             |                            |                            |                   |   |
| Did you pa                      | ay or agree to pay some              | eone who is NOT an attorr  | ney to help you fill out b | bankruptcy forms? |   |
| ■ No                            |                                      |                            |                            |                   |   |
| ☐ Yes.                          | Name of person                       |                            |                            |                   | ruptcy Petition Preparer's Notice,<br>and Signature (Official Form 119) |
| that they a                     | re true and correct.<br>Imar Lechuga | that I have read the sumr  | x                          |                   | n and   |
|                                 | ar Lechuga<br>ure of Debtor 1        |                            | Signature of               | Debtor 2          |   |

Date \_\_\_\_\_

Date March 26, 2018

| Eil               | I in this inform            | nation to identify you     | r case.  |             |                          |                      |           |                                    |
|-------------------|-----------------------------|----------------------------|--|-------------|--------------------------|----------------------|-----------|------------------------------------|
|                   | ebtor 1                     | Isamar Lechuga             |  |             |                          |                      |           |                                    |
|                   | DIOI I                      | First Name                 | Middle Name  |             | Last Name                |                      |           |                                    |
| 1 -               | ebtor 2<br>ouse if, filing) | First Name                 | Middle Name  |             | Last Name                |                      |           |                                    |
|                   |                             | nkruptcy Court for the:    | NORTHERN DISTRICT  | OF ILLIN    | IOIS                     |                      |           |                                    |
|                   |                             | ., .,                      |  |             |                          |                      |           |                                    |
| 1                 | nse number                  |                            |  |             |                          |                      | ☐ Ch      | eck if this is an                  |
|                   |                             |                            |  |             |                          |                      | am        | nended filing                      |
| $\bigcirc$        | fficial Fac                 | ron 107                    |  |             |                          |                      |           |                                    |
|                   | fficial For                 |                            | Affairs for Indiv  | iduale      | Eiling for E             | Sankruntev           |           | A 14                               |
|                   |                             |                            | ible. If two married people  |             |                          |                      | for our   | 4/1                                |
| info              | ormation. If m              | ore space is needed,       | attach a separate sheet to   |             |                          |                      |           |                                    |
| nur               | nber (if known              | ı). Answer every que       | stion.   |             |                          |                      |           |                                    |
| Pa                | rt 1: Give D                | etails About Your Ma       | arital Status and Where Yo   | ou Lived    | Before                   |                      |           |                                    |
| 1.                | What is your                | current marital statu      | ıs?  |             |                          |                      |           |                                    |
|                   | ☐ Married                   |                            |  |             |                          |                      |           |                                    |
|                   | Not mar                     | ried                       |  |             |                          |                      |           |                                    |
| 2.                | During the la               | ast 3 years, have you      | lived anywhere other than  | n where y   | ou live now?             |                      |           |                                    |
|                   | □ No                        |                            |  |             |                          |                      |           |                                    |
|                   | Yes. List                   | t all of the places you    | lived in the last 3 years. Do  | not includ  | e where you live nov     | ٧.                   |           |                                    |
|                   | Debtor 1 Pri                | ior Address:               | Dates Debtor lived there   | 1           | Debtor 2 Prior Ad        | ldress:              |           | Dates Debtor 2<br>lived there      |
|                   | 1010 W Ca<br>Dundee, IL     |                            | From-To:<br><b>05/21/2016 -</b><br><b>06/23/2017</b>                             |             | ☐ Same as Debtor         | 1                    |           | ☐ Same as Debtor 1<br>From-To:     |
|                   | 2067 Cheri<br>Hanover P     | ry Avenue<br>ark, IL 60133 | From-To:<br><b>1991 - 05/20</b> <sup>2</sup>                                     | 16          | ☐ Same as Debtor         | 1                    |           | ☐ Same as Debtor 1<br>From-To:     |
| <b>3.</b><br>stat |                             |                            | ver live with a spouse or le<br>difornia, Idaho, Louisiana, N                    |             |                          |                      |           |                                    |
|                   | No                          |                            |  |             |                          |                      |           |                                    |
|                   | ☐ Yes. Ma                   | ke sure you fill out Sci   | hedule H: Your Codebtors (   | Official Fo | rm 106H).                |                      |           |                                    |
| Pa                | rt 2 Explain                | n the Sources of You       | ır Income  |             |                          |                      |           |                                    |
| 4.                | Fill in the tota            | I amount of income yo      | nployment or from operate u received from all jobs and have income that you rece | d all busin | esses, including part    | -time activities.    | us calend | dar years?                         |
|                   | D No                        | -                          | -  | J           | -                        |                      |           |                                    |
|                   | _                           | in the details.            |  |             |                          |                      |           |                                    |
|                   |                             | -                          | Debtor 1   |             |                          | Debtor 2             |           |                                    |
|                   |                             |                            | Sources of income  | Gros        | s income                 | Sources of incom     | e         | Gross income                       |
|                   |                             |                            | Check all that apply.  | (befo       | re deductions and sions) | Check all that apply |           | (before deductions and exclusions) |

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Case number (if known) Document

Debtor 1 Isamar Lechuga

|      |                             |                              |                                 | Debtor 1   |   | Debtor 2                           |                      |   |
|------|-----------------------------|------------------------------|---------------------------------|--|---|------------------------------------|----------------------|---|
|      |                             |                              |                                 | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions) | Sources of inc<br>Check all that a |                      | Gross income<br>(before deductions<br>and exclusions) |
|      |                             | / 1 of curre<br>iled for bar | nt year until<br>nkruptcy:      | ■ Wages, commissions, bonuses, tips  | \$8,041.68  | ☐ Wages, combonuses, tips          | ımissions,           |   |
|      |                             |                              |                                 | ☐ Operating a business   |   | ☐ Operating a                      | business             |   |
|      | last calen<br>nuary 1 to    | dar year:<br>December        | 31, 2017 )                      | ■ Wages, commissions, bonuses, tips  | \$48,250.00   | ☐ Wages, combonuses, tips          | ımissions,           |   |
|      |                             |                              |                                 | ☐ Operating a business   |   | ☐ Operating a                      | business             |   |
|      |                             | dar year be<br>December      |                                 | ■ Wages, commissions, bonuses, tips  | \$46,511.00   | ☐ Wages, combonuses, tips          | ımissions,           |   |
|      |                             |                              |                                 | ☐ Operating a business   |   | ☐ Operating a                      | business             |   |
|      | ■ No                        | Fill in the de               | -                               | me from each source separat  | ory. Do not module modifie t                          | nat you noted iii iii              | io <del>4</del> .    |   |
|      |                             |                              |                                 | Deliterat  |   | D-1:10                             |                      |   |
|      |                             |                              |                                 | Debtor 1<br>Sources of income  | Gross income from                                     | Debtor 2<br>Sources of inc         | omo                  | Gross income  |
|      |                             |                              |                                 | Describe below.  | each source<br>(before deductions and<br>exclusions)  | Describe below                     |                      | (before deductions and exclusions)                    |
| Part | :3: List                    | : Certain Pa                 | yments You                      | Made Before You Filed for I  | Bankruptcy  |                                    |                      |   |
|      | <b>Are eithe</b> i<br>□ No. | Neither Deindividual         | ebtor 1 nor Dor primarily for a | 's debts primarily consumer<br>bebtor 2 has primarily consu<br>personal, family, or househol   | mer debts. Consumer debt<br>d purpose."               |                                    |                      | 1(8) as "incurred by an                               |
|      |                             |                              | ,                               | re you filed for bankruptcy, die   | d you pay any creditor a tota                         | ıl of \$6,425* or mo               | re?                  |   |
|      |                             | □ No.                        | Go to line 7                    |  |   |                                    |                      |   |
|      |                             | ☐ Yes                        | paid that cr<br>not include     | each creditor to whom you paid<br>editor. Do not include paymen<br>payments to an attorney for the<br>t on 4/01/19 and every 3 years | ts for domestic support obliquis bankruptcy case.     | gations, such as ch                | nild support a       | ind alimony. Also, do                                 |
|      | Yes.                        |                              |                                 | r both have primarily consure you filed for bankruptcy, did  |   | al of \$600 or more?               | ?                    |   |
|      |                             | ■ No.                        | Go to line 7                    |  |   |                                    |                      |   |
|      |                             | Yes                          |                                 |  | d a total of CCCC                                     | d the total amount                 | - بالداد مواجا باد - | t araditar Da aat                                     |
|      |                             | ⊔ Yes                        | include pay                     | each creditor to whom you paid<br>ments for domestic support of<br>this bankruptcy case.   |   |                                    |                      |   |
|      | Creditor'                   | s Name an                    | d Address                       | Dates of payme   | nt Total amount                                       | Amount you                         | Was this p           | payment for   |

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| 7.  | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?  Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporation of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.  No. |                              |                      |                      |                            |                              |
|-----|--|------------------------------|----------------------|----------------------|----------------------------|------------------------------|
|     | Yes. List all payments to an insider.  Insider's Name and Address  | Dates of payment             | Total amount         | Amount you           | Peason for                 | this payment                 |
|     | model o Name and Address   | bates of payment             | paid                 | still owe            | 11000011101                | tino paymont                 |
| 8.  | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos  No   |                              | ments or transfer    | any property on a    | ccount of a d              | ebt that benefited an        |
|     | Yes. List all payments to an insider   |                              |                      |                      |                            |                              |
|     | Insider's Name and Address   | Dates of payment             | Total amount paid    | Amount you still owe | Reason for<br>Include cred | this payment<br>litor's name |
| Par | t 4: Identify Legal Actions, Repossession  | ns, and Foreclosures         |                      |                      |                            |                              |
| 9.  | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.  No Yes. Fill in the details.   | cy, were you a party in an   |                      |                      |                            |                              |
|     | Case title Case number   | Nature of the case           | Court or agency      |                      | Status of th               | ne case                      |
| 10. | Within 1 year before you filed for bankrupt Check all that apply and fill in the details belo  No. Go to line 11.  Yes. Fill in the information below.   |                              | erty repossessed,    | foreclosed, garnis   | hed, attache               | d, seized, or levied?        |
|     | Creditor Name and Address  | Describe the Property        |                      | Date                 |                            | Value of the property        |
|     |  | Explain what happened        | I                    |                      |                            | property                     |
| 11. | Within 90 days before you filed for bankrul accounts or refuse to make a payment bec No Yes. Fill in the details.  Creditor Name and Address   |                              | -                    |                      | , set off any a            | amounts from your  Amount    |
|     | Creditor Name and Address  | Describe the action the      | creditor took        | taken                |                            | Amount                       |
| 12. | Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a  No Yes  |                              | erty in the possess  | iion of an assigne   | e for the ben              | efit of creditors, a         |
| Par | t 5: List Certain Gifts and Contributions  |                              |                      |                      |                            |                              |
| 13. | Within 2 years before you filed for bankrup  No  Yes. Fill in the details for each gift.   | otcy, did you give any gifts | s with a total value | of more than \$60    | 0 per person               | ?                            |
|     | Gifts with a total value of more than \$600 per person   | Describe the gifts           |                      | Dates<br>the g       | s you gave<br>ifts         | Value                        |
|     | Person to Whom You Gave the Gift and Address:  |                              |                      |                      |                            |                              |

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| DCI | isamai Lechuya   |  |  |                           |
|-----|--|--|--|---------------------------|
|     |  |  |  |                           |
| 14. | Within 2 years before you filed for bankruptc  No  |  | with a total value of more than                        | \$600 to any charity      |
|     | Yes. Fill in the details for each gift or contril  | oution.  |  |                           |
|     | Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)   | Describe what you contributed  | Dates you contributed                                  | Value                     |
| Par | t 6: List Certain Losses   |  |  |                           |
| 15. | Within 1 year before you filed for bankruptcy or gambling?   | or since you filed for bankruptcy, did yo  | ou lose anything because of the                        | ft, fire, other disaste   |
|     | ■ No   |  |  |                           |
|     | ☐ Yes. Fill in the details.  |  |  |                           |
|     | how the loss occurred Inclu  | cribe any insurance coverage for the lost ude the amount that insurance has paid. List arance claims on line 33 of Schedule A/B: F | st pending loss  | Value of property<br>los  |
| Par | t 7: List Certain Payments or Transfers  | name dame of the do of conteauto 1 v B. 1  | roporty.   |                           |
| ıaı | List dertain rayments or Transiers   |  |  |                           |
| 16. | Within 1 year before you filed for bankruptcy consulted about seeking bankruptcy or prepared any attorneys, bankruptcy petition prepared to the consultation of the co | aring a bankruptcy petition?   | . ,  | rty to anyone you         |
|     | □ No   |  |  |                           |
|     | Yes. Fill in the details.  |  |  |                           |
|     | Person Who Was Paid  | Description and value of any prope   | rty Date payment                                       | Amount o                  |
|     | Address Email or website address Person Who Made the Payment, if Not You   | transferred  | or transfer was<br>made                                | paymen                    |
|     | Law Offices of Joseph P. Doyle   | \$1,050.00   | 2018   | \$0.00                    |
|     | 105 S. Roselle Rd.   |  |  | •                         |
|     | Suite 203  |  |  |                           |
|     | Schaumburg, IL 60193   |  |  |                           |
| 17. | Within 1 year before you filed for bankruptcy promised to help you deal with your creditors. Do not include any payment or transfer that you  No   | s or to make payments to your creditors  |  | rty to anyone who         |
|     | Yes. Fill in the details.  |  |  |                           |
|     | Person Who Was Paid<br>Address   | Description and value of any prope<br>transferred  | or transfer was made                                   | Amount o<br>paymen        |
| 18. | Within 2 years before you filed for bankruptc transferred in the ordinary course of your bu Include both outright transfers and transfers mad include gifts and transfers that you have already  No  Yes. Fill in the details.   | siness or financial affairs?<br>de as security (such as the granting of a sec  |  |                           |
|     |  | Description and action of  | Describe and control of                                | Data tuan stance          |
|     | Person Who Received Transfer Address   | Description and value of<br>property transferred   | Describe any property or<br>payments received or debts | Date transfer was<br>made |

Person's relationship to you

paid in exchange

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| 19. | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)  No |  |   |   |   |  |  |
|-----|---|--|---|---|---|--|--|
|     | Yes. Fill in the details.   |  |   |   |   |  |  |
|     | Name of trust   | Description and  | value of the propert                                    | ty transferred  | Date Transfer was made                        |  |  |
| Par | List of Certain Financial Accounts, Ir  | nstruments. Safe Depos   | sit Boxes. and Stora                                    | ae Units  |   |  |  |
|     |   |  |   |   |   |  |  |
| 20. | Within 1 year before you filed for bankrupt sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, asso ☐ No  | or other financial accor   | unts; certificates of                                   |   |   |  |  |
|     | Yes. Fill in the details.   |  |   |   |   |  |  |
|     | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  | Last 4 digits of account number                                      | Type of account instrument                              | or Date account was closed, sold, moved, or transferred   | Last balance<br>before closing or<br>transfer |  |  |
|     | US Bank<br>PO Box 6352<br>Fargo, ND 58125   | xxxx-  | ■ Checking □ Savings □ Money Market □ Brokerage □ Other | Checking account was closed out in 2017 with a negative balance - debtor had to pay in order to close it out. | \$0.00  |  |  |
| 21. | cash, or other valuables?   |  |   |   |   |  |  |
|     | ■ No □ Yes. Fill in the details.  |  |   |   |   |  |  |
|     | Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  | Who else had ac<br>Address (Number,<br>State and ZIP Code)           |   | escribe the contents  | Do you still have it?                         |  |  |
| 22. | Have you stored property in a storage unit  | ,  | ur home within 1 yea                                    | ar before you filed for bankrupto   | cy?   |  |  |
|     | ■ No  |  |   |   |   |  |  |
|     | Yes. Fill in the details.   |  |   |   |   |  |  |
|     | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)   | Who else has or<br>to it?<br>Address (Number,<br>State and ZIP Code) |   | escribe the contents  | Do you still have it?                         |  |  |
|     |   | ĺ  |   |   |   |  |  |
| Par | 19: Identify Property You Hold or Contro  | I for Someone Else   |   |   |   |  |  |
| 23. | Do you hold or control any property that so for someone.  | omeone else owns? Inc  | clude any property y                                    | ou borrowed from, are storing f   | or, or hold in trust                          |  |  |
|     | ■ No □ Yes. Fill in the details.  |  |   |   |   |  |  |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)  | Where is the pro<br>(Number, Street, City,<br>Code)                  |   | escribe the property  | Value   |  |  |

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Debtor 1 Isamar Lechuga

Part 10: Give Details About Environmental Information

| For | the purpose of Part 10, the following definitions   | арріу:   |                                      |                       |  |  |  |  |
|-----|---|--|--------------------------------------|-----------------------|--|--|--|--|
|     | Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous of toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. |  |                                      |                       |  |  |  |  |
|     | Site means any location, facility, or property as to own, operate, or utilize it, including disposal  |  | aw, whether you now own, operate,    | or utilize it or used |  |  |  |  |
|     | Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.   |  |                                      |                       |  |  |  |  |
| Rep | ort all notices, releases, and proceedings that y   | ou know about, regardless of when  | they occurred.                       |                       |  |  |  |  |
| 24. | Has any governmental unit notified you that yo  | u may be liable or potentially liable                                      | under or in violation of an environm | ental law?            |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.  |  |                                      |                       |  |  |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | Environmental law, if you know it    | Date of notice        |  |  |  |  |
| 25. | Have you notified any governmental unit of any  | release of hazardous material?   |                                      |                       |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.  |  |                                      |                       |  |  |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | Environmental law, if you know it    | Date of notice        |  |  |  |  |
| 26. | Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.   |  |                                      |                       |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.  |  |                                      |                       |  |  |  |  |
|     | Case Title Case Number  | Court or agency Name Address (Number, Street, City, State and ZIP Code)    | Nature of the case                   | Status of the case    |  |  |  |  |
| Par | t 11: Give Details About Your Business or Cor   | nnections to Any Business  |                                      |                       |  |  |  |  |
| 27. | Within 4 years before you filed for bankruptcy,   | did you own a business or have any   | y of the following connections to an | y business?           |  |  |  |  |
|     | ☐ A sole proprietor or self-employed in a   | trade, profession, or other activity, e                                    | either full-time or part-time        |                       |  |  |  |  |
|     | ☐ A member of a limited liability company   | (LLC) or limited liability partnership                                     | p (LLP)                              |                       |  |  |  |  |
|     | ☐ A partner in a partnership  |  |                                      |                       |  |  |  |  |
|     | ☐ An officer, director, or managing execu   | tive of a corporation  |                                      |                       |  |  |  |  |

**Business Name** 

(Number, Street, City, State and ZIP Code)

Address

Describe the nature of the business

Name of accountant or bookkeeper

No. None of the above applies. Go to Part 12.

☐ An owner of at least 5% of the voting or equity securities of a corporation

Yes. Check all that apply above and fill in the details below for each business.

**Employer Identification number** 

Dates business existed

Do not include Social Security number or ITIN.

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☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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| Fill in this infor  | mation to identify your   | case:                       |                                 |   |
|---------------------|---------------------------|-----------------------------|---------------------------------|---|
| Debtor 1            | Isamar Lechuga            |                             |                                 |   |
|                     | First Name                | Middle Name                 | Last Name                       |   |
| Debtor 2            |                           |                             |                                 |   |
| (Spouse if, filing) | First Name                | Middle Name                 | Last Name                       |   |
| United States Ba    | ankruptcy Court for the:  | NORTHERN DISTRICT           | OF ILLINOIS                     |   |
| Case number         |                           |                             |                                 | ☐ Check if this is an                         |
| (ii kilowii)        |                           |                             |                                 | amended filing                                |
| Official Fo         |                           | n for Individu              | ıals Filing Under               | Chapter 7 12/15                               |
| <u> </u>            |                           | ii ioi iiiaiviat            | ado i ming ondoi                | 1213  |
| If you are an ind   | lividual filing under cha | pter 7, you must fill out t | his form if:                    |   |
| creditors have      | e claims secured by yo    | ur property, or             |                                 |   |
| You must file th    | is form with the court w  |                             | ile your bankruptcy petition or | by the date set for the meeting of creditors, |

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

on the form

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt?    | Did you claim the property as exempt on Schedule C |
|---|--|--|
| Creditor's  | ☐ Surrender the property.  | □ No   |
| name:   | Retain the property and redeem it.                                 |  |
| Description of  | ☐ Retain the property and enter into a<br>Reaffirmation Agreement. | ☐ Yes  |
| property  | ☐ Retain the property and [explain]:                               |  |
| securing debt:  |  |  |
| Creditor's  | ☐ Surrender the property.  | □ No   |
| name:   | ☐ Retain the property and redeem it.                               |  |
| Description of  | ☐ Retain the property and enter into a<br>Reaffirmation Agreement. | ☐ Yes  |
| property  | ☐ Retain the property and [explain]:                               |  |
| securing debt:  |  |  |
| Creditor's  | ☐ Surrender the property.  | □ No   |
| name:   | ☐ Retain the property and redeem it.                               |  |
| Description of  | ☐ Retain the property and enter into a<br>Reaffirmation Agreement. | ☐ Yes  |
| property  | ☐ Retain the property and [explain]:                               |  |
| securing debt:  |  |  |
| Creditor's  | ☐ Surrender the property.  | □ No   |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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| Debtor 1 Isamar Lechuga |   | echuga  | Case numb   | Case number (if known)                                      |  |  |
|-------------------------|---|---|---|---|--|--|
| Ę                       | name: Description of property securing debt:                |   | <ul> <li>□ Retain the property and redeem it.</li> <li>□ Retain the property and enter into a Reaffirmation Agreement.</li> <li>□ Retain the property and [explain]:</li> </ul> | ☐ Yes   |  |  |
| or<br>n th              | any unexpired per<br>ne information belo<br>may assume an u | ow. Do not list real estate leas<br>nexpired personal property le | I listed in Schedule G: Executory Contracts and ses. Unexpired leases are leases that are still in ease if the trustee does not assume it. 11 U.S.C                             | effect; the lease period has not yet ended.<br>§ 365(p)(2). |  |  |
| Des                     | scribe your unexpi  | ired personal property leases                                     |   | Will the lease be assumed?                                  |  |  |
| Les                     | ssor's name:  | Eduardo Suarez  |   | □ No  |  |  |
|                         | scription of leased   | Debtor will assume her r  | esidential lease with her landlord Eduardo  | ■ Yes   |  |  |
|                         | t 3: Sign Below   | ouarez.   |   |   |  |  |
|                         |   | rry, I declare that I have indica<br>ct to an unexpired lease.    | ated my intention about any property of my esta   | te that secures a debt and any personal                     |  |  |
| Χ                       | /s/ Isamar Lech   | nuga  | X   |   |  |  |
|                         | Isamar Lechug<br>Signature of Debt                          | ja  | X Signature of Debtor 2   |   |  |  |
|                         | Date March  | 26, 2018  | Date  |   |  |  |

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 18-09185 Doc 1 Filed 03/29/18 Entered 03/29/18 13:30:21 Desc Main Document Page 48 of 52

B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court**Northern District of Illinois

| In re          | Isamar Lechuga   |  | Case No.  |  |              |
|----------------|--|--|---|--|--------------|
|                |  | Debtor(s)  | Chapter   | 7                                      |              |
|                | DISCLOSURE OF COMPE  | NSATION OF ATTO  | RNEY FOR D  | EBTOR(S)                               |              |
| C              | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 compensation paid to me within one year before the filir be rendered on behalf of the debtor(s) in contemplation of   | ng of the petition in bankruptcy   | , or agreed to be paid  | to me, for services reno               | dered or to  |
|                | For legal services, I have agreed to accept  |  | \$  | 1,050.00                               |              |
|                | Prior to the filing of this statement I have received.   |  | \$  | 1,050.00                               |              |
|                | Balance Due  |  | \$  | 0.00                                   |              |
| 2. 7           | The source of the compensation paid to me was:   |  |   |  |              |
|                | ■ Debtor □ Other (specify):  |  |   |  |              |
| 3. 7           | The source of compensation to be paid to me is:  |  |   |  |              |
|                | ■ Debtor □ Other (specify):  |  |   |  |              |
| 4.             | I have not agreed to share the above-disclosed comp  | pensation with any other person  | unless they are men   | abers and associates of n              | ny law firm. |
| 1              | ☐ I have agreed to share the above-disclosed compensations of the agreement, together with a list of the national control of the agreement.  |  |   |  | v firm. A    |
| 5. ]           | In return for the above-disclosed fee, I have agreed to re   | ender legal service for all aspec  | ts of the bankruptcy  | case, including:                       |              |
| t<br>c         | <ul> <li>Analysis of the debtor's financial situation, and render</li> <li>Preparation and filing of any petition, schedules, states</li> <li>Representation of the debtor at the meeting of credited</li> <li>[Other provisions as needed]</li> <li>Negotiations with secured creditors to reaffirmation agreements and application</li> <li>522(f)(2)(A) for avoidance of liens on ho</li> </ul> | ement of affairs and plan which<br>ors and confirmation hearing, a<br>reduce to market value; ex<br>ons as needed; preparation | h may be required;<br>nd any adjourned he<br>emption planning | arings thereof; ; preparation and fili | ing of       |
| 5. I           | By agreement with the debtor(s), the above-disclosed fer<br>Representation of the debtors in any dis<br>any other adversary proceeding.  |  |   | es, relief from stay a                 | actions or   |
|                |  | CERTIFICATION  |   |  |              |
|                | certify that the foregoing is a complete statement of an ankruptcy proceeding.   | y agreement or arrangement fo  | r payment to me for   | representation of the deb              | otor(s) in   |
| М              | arch 26, 2018  | /s/ Joseph P. Do   | yle   |  |              |
| $\overline{D}$ | ate  | Joseph P. Doyle Signature of Attorn  |   |  | _            |
|                |  | Law Office of Jo   | seph P. Doyle LL  |  |              |
|                |  | 105 S. Roselle R   |   |  |              |
|                |  | Schaumburg, IL<br>847-985-1100 Fa  |   |  |              |
|                |  | joe@fightbills.co  |   |  |              |
|                |  | Name of law firm   |   |  |              |

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(Effective Aug. 1, 2015) BANKRUPTCY CONTRACT NON-DISCHARGEABLE SECURED DEBTS UNSECURED DEBTS Mortgage Arrears Tax Student Loans Mortgage Balance Car Balance Gov't. Fines Car #2 Balance Child Support Loans TOTAL TOTAL. TOTAL

NON-DISCH. \$

Chapter 7 - eliminates dischargeable unsecured debts. Certain debts may not be dischargeable.

**UNSECURED'S** 

SECURED'S

| 1) Today you paid us \$ 350 as your retainer on our total attorney's fee of \$ \[ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | . 1) You agree to pay |
|---|-----------------------|
| your balance of \$ in four (4) installments of before   |                       |
| 2) Today you paid us \$ as your retainer on our total attorney's fee of \$  | . You agree to pay    |
| \$ more prior to your case being filed.   |                       |

Client agrees that \$335.00 hing fee is a separate cost and is not included in the agreed legal fee. Client agrees that the \$40.00 he for the credit report (per person) is a separate cost and is not included in the agreed legal fee. Client agrees that 1)\TIMEYY PAYMENT - Client will pay in full prior to the last payment date; 2) REFUNDS - If client decides to discontinue legal services at any time, client is only entitled to a refund or unearned fees. Firm will take about 30 days to do an accounting and issue a refund check. Firm's hourly rate is \$250 per hour for purposes of determining what refund client is entitled to in the event that client discharges Firm as client's attorney. In order to discharge Firm, client must submit a written request. 3) COLLECTIONS - Client agrees that if Firm is unable to collect its fees through the terms stated in this contract, Firm will be forced to refer your account to collections. Client is liable for all attorney's fees and costs incurred to collect the debt, including court costs, which will amount to no less than \$400.00. 4) LAW CHANGES - Firm's advice to client is subject to changes in applicable State and Federal laws. Client agrees to hold Firm harmless for damages related to changes in the law that affect client's ability to qualify for bankruptcy relief or to discharge debts within a bankruptcy case. The law may change any day and Firm is not responsible for any delay. Pay in full immediately so Firm can get client's case filed or risk that changes in laws or court decisions will change the advice we give client. 5) RESCISSIONS - Once client reaffirms a debt, client may only rescind the reaffirmation agreement by sending a written request, certified mail, return receipt requested, to Firm no less than two weeks prior to the bar date for rescissions. 6) STATE LAW PROCEEDINGS - Client has been advised by Firm that Firm will not represent client in ANY state law matter, including, but not limited to, divorce proceedings, civil lawsuits, or contempt proceedings. Client is hereby advised to appear at any and all state court proceedings, unless specifically advised otherwise in writing. 7) ADDITIONAL FEES - Client will be charged, and agrees to pay, additional fees for a) Failing to list debts by the time of filing that later have to be added to client's bankruptcy documents. The court charges \$30 to amend a petition. b) Missing court date. Client must attend a meeting of creditors approximately four weeks after client's case is filed. Firm still has to appear even if client does not, so Firm charges \$150 additional fee for any missed court date. Client agrees to call Firm three weeks after client's case has been filed to obtain the section 341 meeting date if client has not received notice of the meeting. c) Adversary objections to discharge based on fraudulent use on credit cards or other discharge issues. Firm's fee for negotiating a settlement is approximately \$300 to be paid in advance of settlement. Firm's fee for litigating a discharge issue is \$200 per hour, ten hours to be paid in advance. d) Delays - If client delays in paying the fees, returning the petition or in providing information to Firm, including appraisals, titles, bank account information. Firm reserves the right to charge additional fees which will amount to no less than \$100. e) Lien avoidance - Client agrees that the above quote fee does , non-purchase money security interests (\$200) not include services provided to avoid judgment liens (\$250) to be paid prior to Firm drafting the motion. Client understands and , or redemptions on vehicles (\$650) agrees that if client does not pay the fee the firm will not bring the motion and the lien will survive the bankruptcy. f) Bounced checks - Client agrees to pay a \$25 bounced check fee for any checks not honored by client's bank. 8) FULL DISCLOSURE -Client agrees to fully disclose all financial information to Firm. Client agrees to disclose all of assets and debts and understands that it is a Federal crime to omit a creditor or other information from a bankruptcy petition.

Doamar Leehry DATE 0/19/17 RECORD # 6247 X

No part of this contract is meant to conflict with any part of the Court-Approved Retention Agreement, revised as of March 15, 2011, by the United States Bankruptcy Court for the Northern District of Illinois, and in any real or perceived conflict the Provision of the Court-Approved Retention Agreement prevails.

### United States Bankruptcy Court Northern District of Illinois

| In re | Isamar Lechuga  | Debtor(s)   | Case No. Chapter | 7 |
|-------|---|---|------------------|---|
|       | VERIFICATION OF CREDITOR MATRIX   |   |                  |   |
|       |   | Number of Creditors: 20                               |                  |   |
|       | The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge. |   |                  |   |
| Date: | March 26, 2018  | /s/ Isamar Lechuga Isamar Lechuga Signature of Debtor |                  |   |

Advanced Women's Healthcare ATTN: 15700X PO Box 14000 Belfast, ME 04915-4033

Barrington Orthopedic Specialist 1124 Paysphere Circle Chicago, IL 60674

Bioreferance Labortories PO Box 21134 New York, NY 10087-1134

Capital One Attn: General Correspondence/Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Chicago Hand and Orthopedica Surger PO Box 1039 Bedford Park, IL 60499-1036

Citibank/Best Buy Citicorp Credit Srvs/Centralized Bankrup Po Box 790040 St. Louis, MO 63179

Comenity Bank/Victoria Secret Attn: Bankruptcy Po Box 182125 Columbus, OH 43218

Credit One Bank Attn: Bankruptcy Po Box 98873 Las Vegas, NV 89193

Dept Of Ed/Navient Attn: Claims Dept P.O. Box 9635 Wilkes Barr, PA 18773

Discover Financial Po Box 3025 New Albany, OH 43054 Eduardo Suarez 1701 Lakeland Lane Pingree Grove, IL 60140

FMA Alliance Ltd PO Box 2409 Houston, TX 77252-2409

Mira Med Revenue Group Dept. 77304 PO Box 77000 Detroit, MI 48277-0364

Northland Group, Inc. PO Box 390846 Minneapolis, MN 55439

Physicians Immediate Care - Chicago P.O. Box 8799 Carol Stream, IL 60197-8799

Prosper Marketplace Inc 101 2nd St Fl 15 San Francisco, CA 94105

Receivable Management Partners 2250 E Devon Ave Suite 252 Des Plaines, IL 60018-4521

Sherman Hospital 1425 North Randall Road Elgin, IL 60123

Upstart Network Inc. 2 Circle Star Way San Carlos, CA 94070

US Bank/RMS CC Bankruptcy Department Po Box 5229 Cincinnati, OH 45201